

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMarion Roberts

(In the space above enter the full name(s) of the plaintiff(s).)

17CV8561
2017 NOV - COMPLAINT

-against-

47th Precinct N.Y.P.D.
(New York Police Department)
John Doe "Officer-1"
John Doe "Officer-2"under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Marion Roberts
ID # 73400-054
Current Institution MCC Metropolitan Correctional Center
Address 150 Park Row NY, NY 10007

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Officer-1 "John Doe" Shield # _____
Where Currently Employed 47th Precinct N.Y.P.D.
Address E. 230 St. 4th Laconia Ave 10466

Defendant No. 2 Name OFFICER -2" John Doe Shield # _____
 Where Currently Employed 47th Precinct N.Y.P.D
 Address E. 230 Street, 4th Laconia Ave 10466

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

About 12 pm November 18, 2015

D. Facts: I Was Detained Against my own free will
And Falsely accused of a crime I did not Committ
14th Amendment Violation, and 4th Amendment violation

What
happened
to you?

Who did
what?

OFFICER 1 (John Doe) Jumped out of vehicle with his
gun drawn And told me to lay on the ground
OFFICER 2 (John Doe) Assisted in this unlawful
arrest by frisking me and securing my hands in
restraints (Handcuffs)

Was
anyone
else
involved?

I was the only victim

Who else
saw what
happened?

Nobody

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Emotional Distress, Hardship by taking
me away from my family, Defamed my public image, caused
mental Breakdown

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I was not incarcerated at time of arrest.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

I informed the Police Officers and Judge that I was innocent

when and how, and their response, if any: Count 2" OF First Complaint
was dismissed, Count 1 in Later indictment was
dismissed as well

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). monetary relief for each day of
confinement, Compensatory relief, and injunctive relief
Amount in totality \$250,000

VI. Previous lawsuits:

On
these
claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Marlon Roberts

Defendants 47th Precinct (N.Y.P.D.)

2. Court (if federal court, name the district; if state court, name the county) State
N.Y. Bronx
3. Docket or Index number N/A
4. Name of Judge assigned to your case N/A
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No ☒
- If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No _____
- If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 30 day of October, 2017.

Signature of Plaintiff

Marion Roberts

Inmate Number

73400-054

Institution Address

MCC

150 Park Row

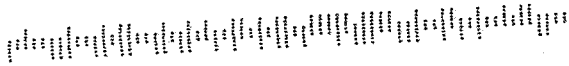
NY, NY 10007

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 30 day of October, 2017 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

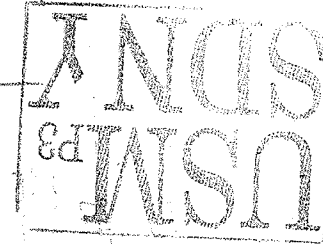
Marion Roberts



10007-133093

Civil Dkt
MS

Southern District Court Clerk
United States District Court
United States Courthouse
500 Pearl Street
New York, New York 10007



Marion Roberts # 13460-054
M.C.C.
150 Park Row
NY, NY 10007

NEW YORK
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31 OCT 17
PM 13 L

